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PROTHONOTARY'S OFFICE  
LANCASTER, PA  
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Feb 23 2015 10:07AM

IN THE COURT OF COMMON PLEAS OF LANCASTER COUNTY, PENNSYLVANIA  
CIVIL ACTION - LAW

Lisa Pardus

JORDAN B. MELLINGER,  
Plaintiff

vs.

No. CI-

STATE FARM MUTUAL  
AUTOMOBILE INSURANCE  
COMPANY,  
Defendant

CI-15-01438

NOTICE

You have been sued in court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this complaint and notice are served, by entering a written appearance personally or by attorney and filing in writing with the court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the complaint or for any other claim or relief requested by the plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP.

LANCASTER BAR ASSOCIATION  
LAWYER REFERRAL SERVICE  
28 EAST ORANGE STREET, LANCASTER, PA 17602  
(717) 393-0737

RUSSELL, KRAFFT &amp; GRUBER, LLP

By:

Christina L. Baugher

Attorney I.D. # 32373

Attorneys for Plaintiff

Hempfield Center, Suite 300

930 Red Rose Court

Lancaster, PA 17601

Telephone: (717) 293-9293

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CHRISTINA L. HAUSNER, ESQUIRE  
ATTORNEY ID NO. 32373  
RUSSELL, KRAFFT & GRUBER, LLP  
HEMPFIELD CENTER, SUITE 300  
930 RED ROSE COURT  
LANCASTER, PA 17601  
TELEPHONE NO.: (717) 293-9293  
FACSIMILE NO.: (717) 293-5130

AARON K. ZEAMER, ESQUIRE  
ATTORNEY ID NO. 205784  
RUSSELL, KRAFFT & GRUBER, LLP  
HEMPFIELD CENTER, SUITE 300  
930 RED ROSE COURT  
LANCASTER, PA 17601  
TELEPHONE NO.: (717) 293-9293  
FACSIMILE NO.: (717) 293-5130

**CI-15-01488**

IN THE COURT OF COMMON PLEAS OF LANCASTER COUNTY, PENNSYLVANIA  
CIVIL ACTION - LAW

JORDAN B. MELLINGER,  
Plaintiff

vs.

No. CI-

STATE FARM MUTUAL  
AUTOMOBILE INSURANCE  
COMPANY,  
Defendant

**COMPLAINT**

AND NOW COMES Plaintiff, Jordan B. Mellinger, by and through his attorneys, Christina L. Hausner, Esquire, of Russell, Krafft & Gruber, LLP, and hereby files the following Complaint against Defendant, State Farm Mutual Automobile Insurance Company, and in support thereof, avers as follows:

1. Plaintiff, Jordan B. Mellinger is an adult individual and resident of Lancaster County residing at 5407 Rainbow Drive, East Petersburg, Pennsylvania 17520.

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2. Defendant, State Farm Mutual Automobile Insurance Company, is ~~hereinafter~~ was at all times material, licensed to conduct business in the Commonwealth of Pennsylvania, and has and continues to conduct business in Lancaster County, Pennsylvania and maintains a registered address and/or principal place of business at 1 State Farm Plaza, Bloomington, Illinois 61710.

3. At all times material hereto, Defendant acted in its corporate ~~CL 15-01488~~ through its duly authorized agents, servants, workmen and/or employees.

4. On or about October 23, 2009, Plaintiff was the passenger in a motor vehicle driven by Jordan Deitz (hereinafter also referred to as "Tortfeasor") when the Tortfeasor lost control of the vehicle and caused an accident which resulted in serious injuries, damages and losses to Plaintiff, as more fully set forth herein.

5. As a result of the accident, Plaintiff suffered injuries which included but were not limited to a significant traumatic brain injury, lacerations to the face, nasal fractures and pulmonary contusions. As a result of his injuries, Plaintiff has incurred medical bills, medication bills and has suffered a loss of wages and benefits.

6. As a further result of his injuries, Plaintiff has undergone prolonged pain and suffering, loss of life's pleasures, and great inconvenience, some or all of which may be permanent.

7. Plaintiff initiated a claim with Tortfeasor and has settled that matter with the Tortfeasor's insurance carrier. The Defendant consented to the foregoing settlement.

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8. The amount of the Tortfeasor's insurance was inadequate to compensate Plaintiff for his injuries and damages, which arose from the use of an under-insured motor vehicle.

9. At the time of the accident on October 23, 2009, Plaintiff was insured under a contract of insurance issued by Defendant, Policy No. 723 1076-015-38K ("Policy"), including coverage W, Underinsured Motor Vehicle Coverage, as set forth in the Declarations Page attached hereto and incorporated herein as "Exhibit A".

**CI-15-01488**

10. At the time of the accident, the applicable policy of insurance included four (4) vehicles insured by Defendant, and accordingly, the amount of underinsured motorist coverage (UIM) is Four Hundred Thousand Dollars (\$400,000.00).

11. Notwithstanding Plaintiff's claim for UIM benefits (Claim No. 384L790-421), and without good cause, Defendant has refused to pay any portion of such benefits to compensate Plaintiff for his injuries.

12. In view of Plaintiff's serious and permanent injuries and extensive loss, Defendant lacks a reasonable basis for denying any benefits under the applicable policy, and should have known or recklessly disregarded the lack of any reasonable basis.

13. Defendant's refusal to make any offer of UIM benefits constitutes a breach of its duty of good faith and fair dealing.

14. This suit is brought pursuant to coverage W of the Policy, Underinsured Motor Vehicle Coverage.

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WHEREFORE, Plaintiff, Jordan B. Mellinger, respectfully demands judgment against State Farm Mutual Automobile Insurance Company in an amount in excess of \$50,000.00 plus delay damages, interests and costs.

RUSSELL, KRAFFT & GRUBER, LLP

By:

Christina L. Hafner 15-01488

Attorney I.D. #32373

Attorneys for Plaintiff

Hempfield Center, Suite 300

930 Red Rose Court

Lancaster, PA 17601

(717) 293-9293

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**CI-15-01488**

**EXHIBIT A**

State Farm Mutual Automobile Insurance Company

One State Farm Dr.  
Concordville, PA 19339

NAMED INSURED

38-3502-6570

KELLINGER, BENJAMIN  
2028 MOUNTAIN RD  
MANHEIM PA 17545-9517ENTERED AND FILED  
PROTHONOTARY'S OFFICE  
LANCASTER, PA 17601

DECLARATION OF POLICY \*\*\*

Feb 13, 2015 10:07:48 AM

NAME: 28178 Lisa Pardus PAGE 1 OF  
POLICY NUMBER: 725 1070-C15-38K  
POLICY PERIOD: MAY 30 2007 TO SEP 15 2007

Ineffe

AGENT

JULIE DICKSON  
14 MARKET SQUARE  
MANHEIM, PA 17545-2430

PHONE: (717) 664-2500 15-01488

DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.  
IF AN AMOUNT IS DUE, THEN A SEPARATE STATEMENT IS ENCLOSED.

YOUR CAR

YEAR	MANUFACTURER	MODEL	DRIVE	VEHICLE ID	STATE CODE
1 2007	TOYOTA	RAV4	SPORT WG	JTHBD320973088568	1D3H5DA000
2 2000	CHEVROLET	VENTURE	VAN	1GNDLJ03EXY0272788	1D3F60A000
3 1999	FORD	E150	VAN	1ETRE1427XHC20547	1E3F60A000
4 1995	SAAB	900	4DR	YSS0056B4S2023886	1D0050A000

COVERAGE	2007	2000	1999	1995
Bodily Injury Limit				
Each Person	\$100,000	\$100,000		
Each Accident	\$100,000	\$100,000		

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C2	Medical Payments Coverage	\$10.44	\$5.87	\$7.51	\$8.64
	Uninsured Motor Vehicle Coverage				
	Each Person, Each Accident				
	\$10,000.00				
W	Uninsured Motor Vehicle Coverage	\$22.76	\$22.76	\$22.76	\$22.76
	Each Person, Each Accident				
	\$10,000.00				
E	Funeral Benefits Coverage	\$23	\$27	\$22	\$25
	Each Person, Each Accident				
	\$2,500				
	Total Premium Per Vehicle	\$195.33	\$106.63	\$108.98	\$111.06

CONTINUED:

See Reverse Side.

02012/00956  
 05-2012 PAZ 01-2013 (01-2024)  
 (01-2024)

State Farm Mutual Automobile Insurance Company  
One State Farm Dr.  
Concordville PA 18339

NAMED INSURED

HELLINGER, BENJAMIN  
2020 MOUNTAIN RD.  
HANREIM PA 17545-9517

383652-557D

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84414-6-D LANCASTER, PA 17601	
10072015 10:11:00 AM	
DECLARATIONS PAGE	
NAME	25178 Lisa Pardus PAGE 2 OF
POLICY NUMBER	723 1076-C1538X
POLICY PERIOD	MAY 30 2007 to SEP 15 2007

Replaced policy number 6994848-38B001.

Your total current 6 month premium for MAR 16 2007 to SEP 15 2007 is \$897.08.  
Vehicle 1 \$338.78, Vehicle 2 \$182.89, Vehicle 3 \$189.92, Vehicle 4 \$190.50.

State Farm works hard to offer you the best combination of price, service, and protection. The amount of your premium depends on many factors such as the coverages you have, where you live, the kind of car you drive, how you use it, who drives the car, and information from consumer reports.

Consumer report reference numbers: 07651064651351, 07151003900044.

Credit information was obtained on: DAWN MELLINGER.

Please refer to the enclosed insert for additional information.

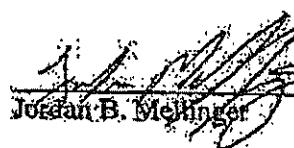
YOUR POLICY CONSISTS OF THIS DECLARATIONS PAGE, THE POLICY BOOKLET FORM 3838-C AND ANY ENDORSEMENTS THAT APPLY, INCLUDING THOSE ISSUED TO YOU AND ANY SUBSEQUENT RENEWAL NOTICE.  
CREDITOR: CAR 1 SOVEREIGN BANK, 450 PENN ST MAIL STOP: 10-421-CT2, READING PA 19602-1011.  
CAR 2: PHOENIX INSURANCE COMPANY, 1000 N 20TH ST, PHOENIX AZ 85007-2044.  
CAR 3: PHOENIX DEALER SERVICES INC INSURANCE SERVICE CENTER, PO BOX 23400, PHOENIX AZ 85072-2044.  
CAR 4: CERTIFICATE OF GUARANTEED RENEWAL.  
THIS POLICY PROVIDES LIMITED TORT OPTION.  
ORIGINAL COST OF CUSTOMIZATION: NONE (OR UP TO \$1000).

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Lisa Pardus

VERIFICATION

I verify that the statements made in this Complaint are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

Dated: 3/19, 2015

  
Jordan B. Melinger

GT-15-01488